

Michigan Department of Community Health

PRIVACY NOTICE

For Medicaid and Other Medical
Assistance Programs

Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW
PERSONAL AND MEDICAL
INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT
CAREFULLY.**

**Understanding the Type of
Information We Have.** We get
information about you when you enroll
in a health plan. It includes your date of
birth, sex, ID number and other
personal information. We also get bills,
reports from your doctor and other data
about your medical care.

Our Privacy Commitment To You.
We care about your privacy. The
information we collect about you is
private. We are required to give you a
notice of our privacy practices. Only
people who have both the need and the
legal right may see your information.
Unless you give us permission in
writing, we will only disclose your
information for purposes of treatment,

payment, business operations or when
we are required by law to do so.

- **Treatment.** We may disclose
medical information about you to
coordinate your health care. For
example, we may notify your doctor
about care you get in an emergency
room.
- **Payment.** We may use and
disclose information so the care you
get can be properly billed and paid
for. For example, we may ask an
emergency room for details before
we pay the bill for your care.
- **Business Operations.** We may
need to use and disclose
information for our business
operations. For example, we may
use information to review the quality
of care you get.
- **Exceptions.** For certain kinds of
records, your permission may be
needed even for release for
treatment, payment and business
operations.
- **As Required By Law.** We will
release information when we are
required by law to do so. Examples
of such releases would be for law
enforcement or national security
purposes, subpoenas or other court
orders, communicable disease
reporting, disaster relief, review of

our activities by government
agencies, to avert a serious threat
to health or safety or in other kinds
of emergencies.

- **With Your Permission.** If you give
us permission in writing, we may
use and disclose your personal
information. If you give us
permission, you have the right to
change your mind and revoke it.
This must be in writing, too. We
cannot take back any uses or
disclosures already made with your
permission.

Your Privacy Rights

You have the following rights regarding
the health information that we have
about you. Your requests must be made
in writing to the Michigan Department of
Community Health at the address
below.

- **Your Right to Inspect and Copy.**
In most cases, you have the right to
look at or get copies of your
records. You may be charged a fee
for the cost of copying your records.
- **Your Right to Amend.** You may
ask us to change your records if
you feel that there is a mistake. We
can deny your request for certain
reasons, but we must give you a
written reason for our denial.

- **Your Right to a List of
Disclosures.** You have the right to
ask for a list of disclosures made
after April 14, 2003. This list will not
include the times that information
was disclosed for treatment,
payment, or health care operations.
The list will not include information
provided directly to you or your
family, or information that was sent
with your authorization.
- **Your Right to Request
Restrictions on Our Use or
Disclosure of Information.** You
have the right to ask for limits on
how your information is used or
disclosed. We are not required to
agree to such requests.
- **Your Right to Request
Confidential Communications.**
You have the right to ask that we
share information with you in a
certain way or in a certain place.
For example, you may ask us to
send information to your work
address instead of your home
address. You do not have to
explain the basis for your request.

Changes to this Notice

We reserve the right to revise this
notice. A revised notice will be effective
for medical information we already have
about you as well as any information we

may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our web site. Go to www.michigan.gov/mdch, click on Health Care Coverage, and look under Spotlight. If the changes are material, a new notice will be mailed to you before it takes effect.

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

- **Complaints to the Federal Government.** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Office of Civil Rights
Dept. of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 866-788-4989
Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

- **Complaints and Communications to Us.** If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer
Michigan Department of Community Health
320 South Walnut
Lansing, Michigan 48913
517-373-3500
TDD: 517-373-3573

You will not be penalized for filing a complaint.

Copies of this Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).

تتوفر هذه الملاحظة في لغات وصيغ أخرى بحيث تتطابق وإرشادات قانون ذوي الإعاقات الأمريكيين (ADA).

For Further Information.

MDCH Beneficiary Helpline
1-800-642-3195

TTY: Michigan Relay Center - 711

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

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